

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)**

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Customer No. 01333

To: Commissioner for Patents
P.O. Box 1450
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First Named Inventor (or Application Identifier):

Gustavo R. Paz-Pujalt, et al

Enclosed are:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> Specification | 6. <input type="checkbox"/> Assignment of the invention to Eastman Kodak Company |
| 2. <input type="checkbox"/> 5 Sheet(s) of drawing(s) | 7. <input type="checkbox"/> Certified copy of a priority |
| 3. <input checked="" type="checkbox"/> Information Disclosure Statement Under 37 CFR 1.97. | 8. <input type="checkbox"/> Associate Power of Attorney |
| 4. Combined Declaration for Patent Application and Power of Attorney: | |
| 4a. <input type="checkbox"/> New | |
| 4b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed) | |
| 5. <input checked="" type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 9. <input type="checkbox"/> Deletion of Inventor(s).
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |

10. ☐ If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:
--CROSS REFERENCE TO RELATED APPLICATION
Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

11. ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 09/416,697.
12. ☒ Please address all written communications to Thomas H. Close, Patent Legal Staff,
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.
Please Direct all telephone calls to Raymond L. Owens at 585-477-4653.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	15	- 20 =	-5	x 18 = \$ 0
INDEPENDENT CLAIMS	1	- 3 =	-2	x 86 = \$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			TOTAL	\$ 770

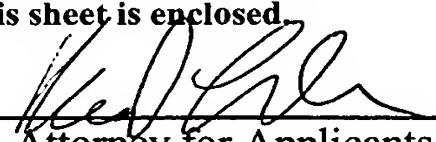
- ☒ Please charge my Eastman Kodak Company Deposit Account No. **05-0225** in the amount of **\$ 770**

A duplicate copy of this sheet is enclosed

- ☒ The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. **05-0225**.

A duplicate copy of this sheet is enclosed

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